

DEPARTMENT OF HEALTH AND HUMAN SERVICES  
CENTERS FOR MEDICARE & MEDICAID SERVICES

PRINTED: 08/13/2009  
FORM APPROVED  
OMB NO. 0938-0391

STATEMENT OF DEFICIENCIES AND PLAN OF CORRECTION		(X1) PROVIDER/SUPPLIER/CLIA IDENTIFICATION NUMBER:  <b>297078</b>		(X2) MULTIPLE CONSTRUCTION A. BUILDING _____ B. WING _____		(X3) DATE SURVEY COMPLETED  <b>R</b> <b>04/10/2009</b>	
NAME OF PROVIDER OR SUPPLIER  <b>ALL CARE HOME HEALTH</b>				STREET ADDRESS, CITY, STATE, ZIP CODE <b>2575 MONTESSOURI STREET, #100</b> <b>LAS VEGAS, NV 89117</b>			
(X4) ID PREFIX TAG	SUMMARY STATEMENT OF DEFICIENCIES (EACH DEFICIENCY MUST BE PRECEDED BY FULL REGULATORY OR LSC IDENTIFYING INFORMATION)			ID PREFIX TAG	PROVIDER'S PLAN OF CORRECTION (EACH CORRECTIVE ACTION SHOULD BE CROSS-REFERENCED TO THE APPROPRIATE DEFICIENCY)		(X5) COMPLETION DATE
{G 000}	<p>INITIAL COMMENTS</p> <p>This Statement of Deficiencies was generated as a result of the Medicare Follow-up Survey conducted at your agency on April 9, 2009 through April 10, 2009.</p> <p>The findings and conclusions of any investigation by the Health Division shall not be construed as prohibiting any criminal or civil investigations, actions or other claims for relief that may be available to any party under applicable federal, state, or local laws.</p> <p>The current census at the time of the survey was .</p> <p>clinical records were reviewed.</p> <p>Three home visits were conducted.</p> <p>The agency met all Conditions of Participation:</p> <p>The following regulatory deficiencies were identified:</p>			{G 000}			
{G 158}	<p>484.18 ACCEPTANCE OF PATIENTS, POC, MED SUPER</p> <p>Care follows a written plan of care established and periodically reviewed by a doctor of medicine, osteopathy, or podiatric medicine.</p> <p>This STANDARD is not met as evidenced by: Based on review of clinical records and interview with agency staff, the agency failed to ensure its staff administered care in accordance with the plan of care established by a physician for 1 of 8 patients (#4).</p> <p>Findings include:</p>			{G 158}			

LABORATORY DIRECTOR'S OR PROVIDER/SUPPLIER REPRESENTATIVE'S SIGNATURE

TITLE

(X6) DATE

Any deficiency statement ending with an asterisk (\*) denotes a deficiency which the institution may be excused from correcting providing it is determined that other safeguards provide sufficient protection to the patients. (See instructions.) Except for nursing homes, the findings stated above are disclosable 90 days following the date of survey whether or not a plan of correction is provided. For nursing homes, the above findings and plans of correction are disclosable 14 days following the date these documents are made available to the facility. If deficiencies are cited, an approved plan of correction is requisite to continued program participation.

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{G 158}	<p>Continued From page 1</p> <p>Patient #4 was admitted to the agency on 3/02/09 with diagnoses of late effects of cerebrovascular accident, failure to thrive, gastrointestinal bleed, non-insulin dependent diabetes mellitus, and heart failure.</p> <p>On 3/02/09, Patient #4's plan of care indicated an order for a speech therapy evaluation for dysphagia.</p> <p>On 3/03/09, the speech therapist's evaluation indicated one visit for care week one (3/03/09) and twice weekly visits for four weeks starting with the second care week.</p> <p>On 4/10/09, the clinical record revealed two speech therapy visits for care weeks two and three (3/07/09 to 3/20/09).</p> <p>On 4/10/09, the clinical record lacked speech therapy visits for care weeks four and five (3/21/09 to 4/03/09).</p> <p>On 4/10/09, the clinical record lacked an order or plan of care change that indicated a discharge from speech therapy, speech therapy on hold, or a reduction in visits.</p> <p>On 4/10/09, the agency's administrative policy and procedure manual 300.06A, dated 10/01/95, indicated the following under the subject heading timely submission of paperwork:</p> <p>"4. All Therapy Notes Are To Be Submitted As Follows: Progress notes must be submitted on Friday in the week the visit was done."</p> <p>On 4/10/09 at 12:20 PM, the Director of Professional Services indicated work needs to be</p>	{G 158}			

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{G 158}	Continued From page 2 turned in within 72 hours of a visit. She further indicated Patient #4 had no pending filing.	{G 158}			